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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724809** (9)

1. Corporation Name

WALTER A. ROUTH JR. MISSIONARY ASSN., INC.



Principal Place of Business 200 WEST FIRST ST. SUITE 22 POST OFFICE BOX 1551 SANFORD FL 32772-9551	Mailing Address 200 WEST FIRST ST. SUITE 22 POST OFFICE BOX 1551 SANFORD FL 32772-1551 US
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3. Date Incorporated or Qualified

11/16/1972

4. FEI Number

23-7281935

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCINTOSH, KENNETH W.
200 W. 1ST ST., SUITE 22
SUN BANK
SANFORD FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCINTOSH, KENNETH W.	
STREET ADDRESS	951 POWHATAN DRIVE	
CITY-ST-ZIP	SANFORD FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KNIGHT, CHAS. D.	
STREET ADDRESS	2541 S. MAGNOLIA AVE.	
CITY-ST-ZIP	SANFORD FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINSHIP, GENE	
STREET ADDRESS	3530 GREATBEAR COURT	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLSON, JAMES T.	
STREET ADDRESS	12803 SLIPPERY ELM CT	
CITY-ST-ZIP	RIVERVIEW FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTCHER, LOIS M.	
STREET ADDRESS	1606 S. MAGNOLIA AVENUE	
CITY-ST-ZIP	SANFORD FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROUTH, WALTER A., JR.	
STREET ADDRESS	C/O 200 W. FIRST ST.	
CITY-ST-ZIP	SANFORD FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SMITH, III, TOM	
1.3 STREET ADDRESS	1528 MOCKINGBIRD LANE	
1.4 CITY-ST-ZIP	LONGWOOD, FL	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCINTOSH, ROBERT K.	
2.3 STREET ADDRESS	17 STONE GATE SOUTH	
2.4 CITY-ST-ZIP	LONGWOOD, FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DONALDSON, PAT	
3.3 STREET ADDRESS	209 DOGWOOD DRIVE	
3.4 CITY-ST-ZIP	SANFORD, FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CHARLES D. KNIGHT

1/9/98

CR2E037 (10/97)